PTO/SB/17 (02-07)
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			quired to resp	ond to a collectio			ys a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Nur		10/788,587		
				Filing Date		February 27, 2004		
For FY 2007				First Named Inv	entor O	Otterlee		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	<b>∍</b> Fr	Frank Bennett Vanaman		
				Art Unit		3618		
TOTAL AMOUNT OF PAYN		Attorney Docke	t No. R	R122 1020.3				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle, et al.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION	on P1O-20	38.						
1. BASIC FILING, SEAR	CH, ANI	DEXAMINATION	FEES					
FILING FEES SEARCH FEES EXAMIN						NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Feel plains aven 20 (including Reignes)						<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
Total Claims							ependent Claims	
8 - 20 or HP = HP = highest number of total	O noise	x 25		0		<u>Fee (\$)</u>	Fee Paid (\$)	
	ciaims paid Extra Cla			Paid (\$)				
1 3 or HP =	0	x <u>100</u>	_ =	0				
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and	drawing	s exceed 100 shee	ets of pape	er (excluding	electronic	ally filed seque	ence or computer	
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
sheets or fraction the	ereof. S Extra Si	ee 35 U.S.C. 41(a neets Numb	a)(1)(G) a per of each	nd 37 CFR 1.1 additional 50	16(S). or fraction	thereof Fe	e (\$) Fee Paid (\$)	
<u>- 100 = </u>		/ 50 =		(round <b>up</b> to a			=	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY								
Registration No. 34,026						Teleph	one (404) 962-7527	
Name (Print/Type) D. Scott Sudderth						Date A	pril 13, 2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.